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# The Health Services Administration: Improving the Access to Health Care of the Nation's Underserved

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THE ORIGINS OF THE PUBLIC HEALTH SERVICE are found in the Act of 1798 to improve the health of sick and disabled merchant seamen. That act and its subsequent amendments have provided an unbroken legislative authority for the operation of our country's oldest organized system of hospital care for a specified population. This system of health care delivery, now known as the Public Health Service Hospitals and Clinics, operates as a Division of the Health Services Administration. Therefore, it is particularly fitting to describe the present status and future challenges of the Health Services Administration in this 100th year special issue of *Public Health Reports*.

## Mission of Health Services Administration

A primary goal of the Health Services Administration (HSA) is to ensure equity of access to health care systems that will make available at reasonable cost services appropriate to the needs of the population served. The Health Services Administration is specifically concerned with the establishment of health care systems for medically underserved areas (MUAs) and with the direct provision of care to populations legislatively designated as beneficiaries of the Federal

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Government. The development of primary health care capacity is especially emphasized. Stated another way, the efforts of the Health Services Administration can be articulated in the following four interrelated mission statements:

- To build and maintain primary health care capacity in medically underserved areas
- To provide high-quality comprehensive health service to Federal beneficiaries
- To improve the organization and efficiency of health care delivery
- To promote effective and equitable public health and preventive services.

## Organization and Responsibilities

The Health Services Administration is comprised of three Bureaus—the Bureau of Community Health Services (BCHS), the Bureau of Indian Health Services (BIHS), and the Bureau of Medical Services (BMS). HSA employs about 17,000 people, and its budget in fiscal year 1979 is expected to be approximately \$2 billion. The HSA staff and funds are deployed through the diverse programs and administrative channels of the three Bureaus. Included are a hospital system and a clinic system, specifically, the Indian Health Service (IHS) system with 51 hospitals and 99 clinics and the Public Health Service (PHS)

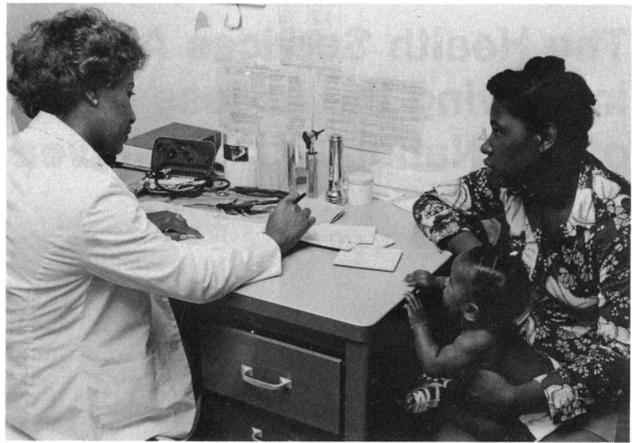
system directed by the Division of Hospitals and Clinics (DHC) in the BMS. In the DHC, there are 8 general medical and surgical PHS hospitals, a specialty hospital in Carville, La., for the treatment of Hansen's disease, and 26 PHS outpatient clinics. Two other HSA programs that provide services through grants or contracts have been created to develop local capacity to provide health care—the Division of Emergency Medical Services in the BMS and the National Health Service Corps in the BCHS. The BCHS is also responsible for the development, implementation, monitoring, and evaluation of numerous projects and formula grant programs. These programs are administered through 10 Regional Offices and provide support for maternal and child health projects.

The Health Services Administration carries the lead responsibility for expanding the capacity for health care delivery to medically underserved and medically unserved populations in the nation. Medically underserved areas are characterized by high infant mortality rates, large numbers of people over age 65, large numbers of people living in poverty, and severe shortages of health care personnel. Following are some significant facts related to medical underservice:

- A total of 7,500 U.S. urban and rural areas have been deemed to be medically underserved.
- Approximately 49 million Americans live in medically underserved areas.
- Only 20.6 percent of the total eligible population of 2.7 million migrants and seasonal farmworkers are presently receiving health services.
- The overall infant mortality in the United States during 1976 was 15.2 per 1,000 live births, but rates as much as 50 percent higher were found in some underserved areas.
- 356 counties in the most underserved State Economic Areas have excessively high levels of teenage fertility.
- An estimated 5 million low-income women are at risk of an unwanted pregnancy for lack of effective, medically prescribed family planning methods.

In its efforts to improve access to health care for the underserved, HSA has had to attack directly two of the most difficult problems in the health field—the maldistribution of health professionals and the lack of health services for the disadvantaged. Most populations served by HSA programs have lacked access to care because of barriers of race, language, and poverty or simply because they have been geographically isolated from centers of health care.

Within the Health Services Administration, the BCHS has the lead responsibility for building and



*The health care needs of the individual are the principal concern of the Bureau of Community Health Services*

maintaining capacity for primary care. The Community Health Centers Program of BCHS supports comprehensive health service projects for ambulatory patients. In fiscal year 1978, these community health centers, which are located in rural as well as urban areas, served more than 3 million people and received grants from the Health Services Administration totaling \$247 million. About 600 centers are in operation, and another 131 are expected to begin operation during fiscal year 1979.

Maternal and Child Health Programs are especially necessary to improve the health status of the nation. Through them, services are provided to mothers and children in economically depressed and rural areas by means of formula grants to States. The projects offer both social and medical services in the areas of maternal and infant care, children and youth, comprehensive health and dental care, intensive infant care, and family planning. In fiscal year 1978, the Maternal and Child Health Program awarded \$332 million in formula grants to States, approximately \$30 million for research and training, and \$2.8 million in project grants for the Sudden Infant Death Syndrome Program. Special initiatives are underway to target services for teenage pregnancy, childhood immunization, and improved pregnancy outcomes. Additional Family Planning Project grants offer medical and educational counseling and supportive services to anyone desiring such services. The Agency supports about 4,930 family planning clinics, which served approximately 3.5 million women in fiscal year 1977. For fiscal year 1978, we awarded about \$135 million in Family Planning Project grants.

Of major significance in increasing access to health care are the programs of the Indian Health Service (IHS) in the Health Services Administration. The purpose of the IHS is to assure comprehensive health

service delivery systems for American Indians and Alaska Natives with maximum tribal involvement. The program is directed to a population of 650,000 Indians, who for the most part live on or near reservations. The comprehensive program includes preventive, curative, rehabilitative, and environmental services, as well as associated social services and training.

Health services are provided by the staff of the Indian Health Service through its medical care organizations or are purchased by IHS through contractual arrangements. The health services are managed through an integrated system of 88 local administrative organizations called Service Units. Direct patient care is provided by a network of 51 hospitals, 99 health centers (including 26 school health centers), and 300 health stations and satellite clinics. Approximately 9,000 people, more than half of whom are Indians, comprise the staff of the health services delivery network. In addition, through contractual agreements, health care is provided by nearly 300 hospitals, 800 private physicians, 300 dentists, and 350 other health professionals. Contracting for health care is essential to the Service's health delivery programs because of the wide geographic distribution of the Indian population and the limited number of IHS hospitals capable of providing specialized services.

The Indian Health Service represents the only available source of health services for most Indians, even though they are entitled to participate in the full range of programs open to them as citizens of the country, State, and community. In its advocacy role, the IHS has encouraged Indian awareness of, and



*Indian Health Service immunization programs are an integral part of comprehensive health care for American Indians and Alaska Natives*

participation in, the health programs designed to serve the general public, and it has encouraged other Federal, State, and local governmental agencies and the private sector to meet the needs of Indian people.

The third Bureau in the Health Services Administration is the Bureau of Medical Services, which includes the PHS Hospital system, created by Congress in 1798. Today, this hospital system would be described as a prepaid, closed panel, group practice for a defined population group—the American merchant seamen. The system was first known as the U.S. Marine Hospital Service, and under various names, it has been in continuous existence since 1798. Other Federal beneficiaries entitled to services from PHS hospitals and clinics are active and retired members of the uniformed services and their dependents, active members of the Coast Guard, Commissioned Officers in the Public Health Service, and National Oceanic and Atmospheric Administration personnel and their dependents.

In 1967, Congress amended the PHS Act, adding Section 328, which gives PHS facilities the legislative authority to share their resources with local communities in order to assist them in meeting their health responsibilities—authority that at the same time promotes a fuller utilization of the resources of PHS facilities. This legislative bridge has been used to encourage PHS hospitals and clinics to establish programs for medically underserved populations and communities in areas of critical health manpower shortage. PHS hospital-centered programs now include alcohol detoxification units and alcohol rehabilitation programs, psychiatric and geriatric day treatment centers, a migrant health care program, and a senior citizen nutrition program. The Baltimore PHS Hospital alone has some 30 service agreements and 25 training affiliations with community organizations. The Seattle PHS Hospital has entered into an agreement with a consortium of 18 community clinics and the National Health Service Corps to provide a wide range of backup and specialty services to people receiving care from community clinics. The HEW Region X Office in Seattle was actively involved in developing and nurturing this agreement. PHS hospitals and clinics are expected to become more responsive to local community health needs as they work more closely with their area Health Systems Agencies. It was projected that for fiscal year 1978, these PHS facilities would provide slightly more than 549,000 inpatient hospital days and approximately 2,386,000 ambulatory care visits to an expanded population.

There are two other Divisions in BMS: the Divi-



*Intensive monitoring and continual assessment of patient needs are ongoing objectives pursued in the clinics and hospitals operated by the Bureau of Medical Services*

sion of Federal Employee Health (DFEH) and the Division of Emergency Medical Services. The DFEH, through its system of 165 health units (usually located in Federal office buildings), serves approximately 255,000 Federal employees in 50 major cities by providing emergency services in addition to a series of screening tests for early detection of health problems. It is now exploring primary prevention programs to modify behavior that adversely affects the health of employee groups, for example, smoking, obesity, and alcoholism. Priority is being given to (a) DFEH's occupational health programs, (b) preventive services that benefit employees in hazardous occupations involving stress, (c) employees age 40 and older, and (d) the establishment of health education services, counseling, and screening. All these activities rely heavily on the use of sound health education techniques to encourage employees to participate in preventive programs and change harmful lifestyles.

The Emergency Medical Services Program (EMS) is a Federal effort to support the establishment of comprehensive emergency medical systems on a regional basis throughout the country, as authorized by Public Law 93-154 of 1973 and the EMS Amendments of 1976 (Public Law 94-573). The regional organization of emergency services is expected to reduce accidental deaths and injuries.

An emergency medical services system (EMSS) is one that provides for personnel, facilities, and equipment to be organized for the effective and coordinated delivery of emergency health care services. Also, those services are to be provided in a defined geographic area and are to be administered by a public or nonprofit entity having the authority and

the resources to do so effectively. In order to establish an EMS system that will provide improved care to all emergency patients within a region, 15 components, mandated by law, must be in place and working cooperatively: provision of manpower, training of personnel, communications, transportation, facilities, critical care units, use of public safety agencies, consumer participation, accessibility to care, transfer of patients, standards for medical record-keeping, consumer education, review and evaluation, disaster linkages, and mutual aid agreements.

The designs of the clinical systems for the major categories of EMS illnesses (for example, trauma, burns, poisonings, spinal cord injury, high-risk infants, and certain behavioral problems), along with specific treatment and triage protocols, are being devised and tested. Upon regionwide acceptance of these medical care plans, basic and advanced EMS operational systems will be established involving the various clinical disciplines and medical institutions. It is clear that the EMS effort is a grassroots approach to a regional program that mandates State, local, and Federal involvement in linking basic and advanced life-support programs into a genuine regional system. Approximately 275 of the 300 State-designated EMS regions have received assistance in developing such systems.

### **Achievements and New Challenges**

Since its inception, the Health Services Administration has worked to reduce the large numbers of medically underserved people. Therefore, we are encouraged by preliminary analysis of certain data which seem to indicate that:

- Currently about 12 percent of the people now living in medically underserved areas receive health care services through HSA-supported centers.
- The populations served by HSA are increasing their use of ambulatory health care services.
- More appropriate kinds of health care are being sought and delivered: more preventive care and less episodic care is being provided.
- The health status of some population groups has improved. For example, the Indian Health Service's programs have brought about tremendous changes over the past 20 years. The Indian infant mortality rate has been reduced 71 percent, from 62.5 to 18.2 infant deaths per 1,000 live births, and the maternal mortality rate has been reduced 81 percent, from 2.2 to 1.2 maternal deaths per 1,000 live births. The current Indian infant mortality rate very nearly approximates that for whites.

Nevertheless, during the past several years, it has become apparent that some strategies need changing. Clearly, for instance, health problems that some believe will disappear upon the enactment of national health insurance will instead become more severe unless there is balanced and pragmatic intervention. Analysts inside and outside of government have concluded that:

- Health care financing strategies in and of themselves will not reduce the existing maldistribution of resources.
- A single model for organizing primary care is not appropriate for all medically underserved areas.
- If changes are made in the health care financing system, the building of health care capacity in medically underserved areas will still be an appropriate role for the Federal Government.
- Access to health services will still be difficult for special target populations of the Health Services Administration (such as migrant workers, the urban and rural poor, and American seamen), even after passage of national health insurance or similar legislation as presently described.

Therefore, a continuing role for the Federal Government in providing or facilitating health care services to the medically underserved appears to be necessary. It then becomes imperative for us to rethink ways to address the needs of the medically underserved, given the growing likelihood of national health insurance. If we do not, we could see millions of Americans with insurance coverage, but without access to the health care they ostensibly have the ability to purchase. This outcome would indeed be a cruel hoax. To avoid it, the Federal role must be clarified and strengthened. In redefining that role, the maintenance of health needs emphasis, in addition to the provision of medical care. It is essential that we set up health systems that incorporate better integrated programs of health education and health information and that encourage improved environmental practices in respect to housing and sanitation.

### **The Future**

In the coming years, the Health Services Administration fully expects to achieve its goals and the goals of the Department of Health, Education, and Welfare. By effectively using the National Health Service Corps as a base and a catalyst for community-based health services, we hope to make the dream of equity of access to care a reality. In addition, we anticipate that the two hospital and clinic systems

in HSA will provide resources for the care of underserved people. But other resources and services are needed. The Health Services Administration is committed to maximizing the impact of Federal resources through interagency and intradepartmental collaboration and cooperation.

Therefore, in cooperation with the Health Resources Administration, our local projects work with and through Health Systems Agencies and State planning authorities to assure the effective use of resources to meet community needs. To provide more effective services to the elderly, the Health Services Administration is working with the Administration on Aging to set up joint programs. Linkages with alcoholism programs have been established, and more are planned. Linkages have also been established with area health education centers, with mental health programs of the Alcohol, Drug Abuse, and Mental Health Administration, with cervical cytology clinics and breast cancer detection centers supported by the National Institutes of Health, and with the Food Supplement Program of the Department of Agriculture.

Relating health care financing to the various missions and responsibilities of the Health Services Administration presents a significant challenge as HSA works with departmental and congressional policymakers, seeking to improve the delivery of health care services in the nation by changing the way national resources are deployed. In this regard, we are working to improve our capacity to:

- Relate problems of access to health care financing
- Use HSA data systems in making empirical estimates of the potential impact of various national health insurance concepts on users of HSA programs
- Provide information on the income and employment status of HSA target populations
- Forecast the impact of inflation and Medicare-Medicaid program expenditures on HSA program purchasing power
- Suggest how HSA program third-party reimbursements might be improved.

What we have proposed is both attainable and practical. If this nation is to achieve its health goals, we must integrate the fragmented components of Federal health resources into cohesive and appropriate sets of services.

Let us hope that when the 200th year issue of *Public Health Reports* is out, it will reflect an even more illustrious history than this issue celebrating its first 100 years.